



State of Rhode Island
Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING AND REGULATION

REAL ESTATE SECTION

233 Richmond Street, Suite 230

Providence, Rhode Island 02903-4230

Telephone (401) 222-2255 Facsimile (401) 222-6654

TRANSFER OF REAL ESTATE BROKER OR SALESPERSON LICENSE

I, _____, _____, _____,
(Name) (Home Address) (City)
_____, _____, _____, _____, request transfer of license as
(State) (Zip) D.O.B. License Number
of _____ from _____ to _____
(Date) (Agency) (Agency)

(Signature of Salesperson or Associate Broker)

STATEMENT OF NEW EMPLOYING BROKER

I, the undersigned, being a licensed real estate broker of the State of Rhode Island, certify that

_____, will be associated with/employed by this agency.
(Licensee's Name - Print) (Phone)

_____, _____, _____
(Agency-Business Name) (Phone) (Principal Broker) (License #)

_____, _____, _____, _____
(Agency's Business Address) (City) (State) (Zip)

I make affidavit that the statements contained herewith are true.

(Signature of Principal Broker)

Subscribed and sworn to at _____ Before me this _____
day of _____ A.D. 20 _____.

(Notary Public)

FEE: \$25.00 (Check payable to GENERAL TREASURER, STATE OF RHODE ISLAND)

■ PLEASE ATTACH CERTIFICATE OF E & O INSURANCE

Transfer (rev. 7/30/04)